

RILEY COUNTY-MANHATTAN HEALTH DEPARTMENT
2030 TECUMSEH ROAD, MANHATTAN, KS 66502
(785) 776-4779, EXT 278

Log # _____
Date Rec'd _____
Client # _____
Enc # _____
Pd: Ck# _____ Cr Card _____ Cash _____

\$150.00 fee

APPLICATION:
ALTERNATIVE WASTEWATER DISPOSAL SYSTEM

Alternative Site Address: _____
(Street) (City) (Zip Code)

Legal Description (photocopy may be attached): _____

Home Phone _____ Cell Phone _____ Work Phone _____ Date of Birth: _____
(statistical purposes only)

I, _____ whose present mailing address is:

_____ do hereby
(Street) (City/State) (Zip Code)

apply to construct or operate an alternative wastewater disposal system to serve a _____ bedroom family dwelling
which is or will be located on a tract of land described as above.

Size of property: _____ acres

Percolation rate: _____ min/in
(to be completed by RCHD)

Name of Licensed Installer: _____

I hereby certify the information on this application is true and correct to the best of my knowledge and belief.

Date _____ Signature of Applicant _____

.....
Preliminary proposal approved this _____ day of _____, _____ for: _____

by _____
(Health Officer)

Alternative Wastewater Disposal System Use Permit

Final construction is approved and permit is hereby issued this _____ day of _____, _____

by _____
(Health Officer)